

DO NOT MAIL

City of Houston
Application for **Additional**
Coin-Operated Amusement Machine Decals (Dec. 05)

Page 1 of 2

1. Print the Legal name of owner	Sole owner	Partnership	Corporation		Other

2. Print the Mailing Address	(Street & no., P.O. Box or rural route/box)

3. City	State	ZIP code	County

4. Trade name of business/machine location	Business Phone #
	Area Code Number

5. Location of business/machine location(s). If you need more space, you may attach a list to show all locations where you have a machine in the city limits. Additional pages must be numbered. Example: 1 of 2 pages of business locations.

Address	Suite#	City	State	Zip Code	County

6. For each machine OWNED, list the serial number/inventory I.D. number, make, machine type and indicate whether each machine is exhibited or displayed on location.

Machine Serial Number/ Inventory ID Number	Machine Make	Type Code	Exhibited or Displayed on Location ?		
1			Yes	No	New
2			Yes	No	
3			Yes	No	
4			Yes	No	
5			Yes	No	
6			Yes	No	
7			Yes	No	
8			Yes	No	
9			Yes	No	
10			Yes	No	
11			Yes	No	
12			Yes	No	
13			Yes	No	
14			Yes	No	
15			Yes	No	
16			Yes	No	
17			Yes	No	
18			Yes	No	
19			Yes	No	
20			Yes	No	
21			Yes	No	
22			Yes	No	
23			Yes	No	
24			Yes	No	
25			Yes	No	

7. Enter the number of EACH TYPE of music, skill or pleasure coin-operated machine that you have in ALL locations.

Video Games	A		Music	E	
Pool Tables	B		Other	F	
Pinball Games	C				
Darts	D				

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Tax I.D. #

8. TOTAL NUMBER of machines in ALL locations that require tax permits. (Total of Item 7A-F)

9. Calculate the occupation tax due for all machines placed on location during this application year. Multiply the total number of machines placed on location for the first time in the appropriate calendar quarter by the rate for that quarter. The cost of the decals are prorated quarterly for NEWLY ACQUIRED machines. You must attach invoice or receipt as evidence of the purchase date of new machines. You may request the prorated fee, if machines have been registered by you but not previously displayed.

- 1st quarter (January - March)
- 2nd quarter (April - June)
- 3rd quarter (July - September)
- 4th quarter (October - December)

machines at 15.00 each = \$
machines at 11.25 each = \$
machines at 7.50 each = \$
machines at 3.75 each = \$

10. TOTAL OCCUPATION TAX DUE

\$

Only CASH or a Bank-issued cashier's check is accepted for payment. NO PERSONAL OR COMPANY CHECKS. APPLICANTS OR AGENT MUST APPEAR IN PERSON WITH PHOTO ID.

11. Section 44-90 of the City of Houston Code of Ordinances: "Nothing contained in this division shall be construed or have the effect to license, permit, authorize or legalize any machine, device, table or coin-operated machine, the keeping, exhibition, operation, displaying or maintenance of which is illegal or in violation of any article of the Penal Code of this state, or the constitution of this state."

It is unlawful for an owner to display or exhibit for commercial use any coin-operated machine which does not have a decal evidencing payment of the occupation tax properly attached to the machine. The machine must not be plugged in without the decal. After January 31st of each year, coin-operated machine(s) upon which the tax required has not been paid or upon which the decal is not PROPERLY displayed may be SEALED. For each machine sealed there will be a \$25.00 penalty and a \$5.00 seal removal fee. The owner or agent must appear in person to pay the penalty and seal removal fees. Upon proof of payment of the occupation tax (\$15.00), the penalty (\$25.00) and the removal fee (\$5.00), authorization will be given for removal of the seals. Only cash or bank-issued cashier's check will be accepted. If decals are being replaced as a result of theft or destruction, a police report must accompany your application for a prorated rate.

The sole owner or partner or officer or agent and recordkeeper must sign. An agent must submit a written power of attorney.

I am applying for occupation tax permits for coin-operated amusement machine(s) which are listed in this application.

I (We) certify that all information submitted in this application for tax permit(s) and any attachments is true and correct.

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Signature

Printed Name

Date _____

Position with company or Title

(sole owner, partner, officer, recordkeeper or agent)

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Signature

Printed Name

Date _____

Position with company or Title

Business Phone #

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Area Code	Number
202	638-2600
202	638-2601
202	638-2602
202	638-2603
202	638-2604
202	638-2605
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202	638-2608
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202	638-2610
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202	638-2699

Alternate #

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Area Code	Number
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